Catawba County Personnel Action Form				
Employee Name:				Full time:
Social Security #				½ time:
Esserting Date of Astions				4/5 time:
Effective Date of Action:  Cost Center to Charge (if different from position #)				Other: Hourly:
Cost Center to Charge (if differe	in from posit	1011 #)		110uiiy
New Hire:			_	Hire Letter Attached:
Classification Title			G	rade:
Position #:Dept	Job Code	Position #		
Salary: Annual \$	300 Code	Hourly \$	(	Required)
Last Employee in Position:				
Promotion: Transfer:	Reassi	gnment:	Reclassification	on: Demotion:
From:		_		<del>_</del> _
Classification Title				Frade:
Position #: Dept	I-1- C- 1-	D:4: #		
Salary: Annual \$	Job Code	Hourly \$		
To:				
Classification Title			G	Frade:
Position #:				
Position #:Dept	Job Code	Position #		
Salary: Annual \$		Hourly \$	(	Required)
(For promotion, transfers or de	motions)			
Length of probationary period:		months (3 to 6 m	onths)	
Last Employee in Position:		monus (5 to 0 m	onuis)	
Termination:				
From:		r	resignation Lette.	r Attached:
Classification Title			G	Frade:
Position #:				
Dept	Job Code	Position #	_	
Salary: Annual \$				
Merit: Individual Team Lump Sum Amount: \$	Merit	N N	Memo attached: _	or Employee Initials:
Lump Sum Amount: \$  Justification:		(including FICA	and retirement)	
Justification:				
Other: Classification Title		I	etter to employ	vee attached:
Classification Title			G	Frade:
Position #:Dept	Joh Code	Position #		
Salary: Annual \$	300 Code	Hourly \$	(	Required)
Explanation:		-	<del></del>	
Department Head Signature		_ <u> </u>	Date	